PUBLIC HEALTH STANDARDS: STEPS TO IMPROVE HEALTH

The Standards Committee is composed of people who work in all aspects of public health—from clinical services to policy. They come from all areas of the state and represent public health practice at both the state and local level.

When the Standards Committee in 1999 began its work to develop a performance measurement system for Washington's public health system, it could not know that the next five years would bring a series of challenges that would render the system increasingly fragile—and the standards even more valuable. The standards have identified system values—what is most important in public health—and directed quality improvement efforts during an onslaught of insufficient funding and new threats that have characterized the years since they were first published in 2001. The standards can be viewed at http://www.doh.wa.gov/Standards.

The standards set a level of expectation for the state's public health system, both as a whole and as a network of individual state and local agencies. They are structured to follow the core public health functions as defined by the federal Institute of Medicine and the 10 essential services defined by the National Public Health Steering Committee (see Appendix 4 for a "crosswalk" of these guidelines). The standards address five general topic areas:

- Understanding key health issues
- Protecting people from disease
- Assuring a safe and healthy environment
- Promoting healthy living, and
- Helping people get the services they need.

The standards are not a statement of *new* work. Instead, they both describe work that is occurring and set expectations for the quality of that work. Until now, "public health" was viewed as a collection of individual, specialty programs, each with a separate means of support. These are sometimes referred to as "silos" in an organization: isolated programs where efforts are not integrated. Funding often drives that mind-set, with the creation of dedicated or special program funds. Funding for basic public health services has been largely ignored and has eroded. Measuring public health performance against the standards accommodates current programs—because they each fit in one of the five areas. Measurement also points out weaknesses where capacity to deliver basic public health services is missing.

More than 300 public health professionals were trained on use of the standards and how to prepare for an evaluation. In 2002, the standards were used to conduct a baseline assessment, which revealed system strengths and weaknesses. Implementing the standards is a process that has involved collaboration through debate, development, training, testing, and refining expectations.

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National leaders and public health professionals in many other states have learned from Washington's experience. Our standards and the collaborative process of development have been adapted by other states. This work is frequently cited as a model for intergovernmental collaboration and as an example of how to make publicly funded programs accountable (see box, below).

A baseline study

In 2002, the state Department of Health and every local health jurisdiction participated in a baseline evaluation of the public health system to see how well the system performs against the standards. The results of the 2001 study can be viewed at http://www.doh.wa.gov/phip/Standards.

The baseline study findings revealed that even where the system performs relatively well, there is much work to do. For example, the area of "understanding health issues" is the work that health departments must do to know when significant health problems emerge and to help communities identify priorities for intervention. Performance was relatively strong compared to other areas of the standards. But state offices met the expectation about three-fourths of the time, and local offices, just over half the time. In general, the scores reflect a lack of basic capacity—particularly dedicated staff time and technical tools needed for health assessment. (The section on Key Health Indicators in this report, beginning on page 15, discusses some of the types of information needed.)

Other States Are Measuring Public Health Performance

Some other states have developed performance measurement processes for public health. Many of them have used the work in Washington as a guide. By exchanging information and ideas, states are working together and with national partners to improve public health practice.

Washington's process places emphasis on mutual accountability and collaboration. Similarly, in Florida, state and local public health officials participate in a joint conference for each local department every three years. They compare progress on community health indicators and make mutual commitments about what each entity, state and local, can do to improve the health of people and to assure agency efficiency.

At right is a self-assessment model developed through the national Turning Point project for use by public health agencies. It shows how standards and measurement can be used to assure that every agency has the necessary skills, accountability, and communications capacity to perform the work of protecting the public's health (see http://www.turningpointprogram.org).

Source: Turning Point Performance Management Collaborative

Assessing their 'Standard' of Performance

In 2002, every public health agency in Washington—state and local—participated in a baseline assessment of how well they were meeting standards for their performance. The framework of the standards and the specific measurement data for each health jurisdiction and program is now used to improve public health practice. Following is what some of local health department managers had to say about the experience:

"Each year we complete an annual work plan. This year, we are revising our departmental report from the current program-based format to a standards-based format. The plan will have five sections and will describe work planned in each of the standard areas to help us meet community needs."

"Many of the standards have been incorporated into our department's planning and budgeting process. This process ranges from strategic directions through goals, objectives, and down to task level."

"The standards baseline assessment identified the need for improved coordination between environmental health and infectious disease.... A regular debriefing and improved identification is now established between the two program areas."

"The department identified key issues for each specific standards topic and developed work plans for each, as part of the 2004 budget development process. The board of health and county commissioners approved the plans and funding directed for each of these."

Both the state and local agencies showed weaker results in the areas of "helping people get the services they need" and in environmental health measures, meeting the standards only half the time or less. In both areas, limited resources and dependence on fees or reimbursements result in programs that cannot attain the level of service and follow-through that is expected to meet the standards. For example, in the area of access to services, most health departments are able to refer an individual client to a needed service—if it exists locally. But the standards envision something more substantial: the ability systematically to know exactly what services are available, what services are lacking, and to work with communities to fill health service gaps, either within the community itself or from a neighboring one. This broader, community-based work is only rarely supported with funding.

Putting the standards to work

One of the initial goals of the Standards Committee was to tie system performance, as measured by the standards, to funding and state contracts as specified in RCW 43.70.580. This is still a goal of the Standards Committee and will be part of its work plan for the coming year. While some standards require more funding to implement them fully, others simply require improved documentation and focus on thoughtful planning and systematic approaches to public health problems.

In June 2004, the Standards Committee asked units within the Department of Health and most of the state's local public health jurisdictions how they were using the standards. A strong majority of system managers—82%—reported that they had used them to guide performance improvement. Nearly three-fourths (74%) of the local agencies have used the standards to articulate their work to their local boards of health (see box, above).

Working with the Workforce Development Committee, the Standards Committee used the baseline assessment findings to direct strategies and training to improve the results for the next assessment. The committees are focusing

this work in three areas: community collaboration, creating and using a strategic plan, and program evaluation. Focused attention in these areas promises to improve performance system-wide across all five topic areas.

In addition, the Standards Committee has worked with the state's environmental health directors to refine the measures used in the area of "assuring a safe and healthy environment for people." With clearer measures, performance on those standards is expected to improve system-wide (see Appendix 5).

Assuring administrative effectiveness

A major piece of the Standards Committee work during the past two years has been to develop administrative standards, which cover the topics of leadership and governance, human resources, fiscal management, and information technology. These were tested during 2004 in five counties and the Department of Health. The administrative standards clarify infrastructure and capacity issues, and while they are the last standards to be developed, they are critical to the work of public health professionals. The administrative standards will be used in conjunction with the other public health standards to assess whether a state or local entity has adequate systems in place. They will be field-tested in 2005 as part of the overall system assessment.

"Costing" the standards

Over the past two years, the Standards Committee has worked with the Finance Committee to estimate the cost of implementing the standards fully across the state. For the local public health agencies, this has involved creating a common list of system program areas and then estimating the cost of providing each service in a manner that would meet the standards statewide (see Appendix 8). For the state Department of Health, the process has involved identifying the current costs of meeting the standards to at least a 95% level. The findings from these two calculations will reveal the funding shortfall for meeting the standards across the system (see the chapter on the Finance Committee's work, page 25). That sum will express in stark terms what the standards process has already revealed: the system currently lacks the resources to meet the expected level of performance.

Improving public health over time

In 2005, the evaluation process will be repeated to measure improvement in the intervening years and to see where focused attention is needed for future system improvement efforts. The criteria for determining whether a standard is met will require more than one example of performance for each measure, so more individual programs will be represented. In this way, the public health system as a whole is moving to a continuous quality improvement cycle.

While some improvements have already been made, the participating agencies face a host of new responsibilities since the 2002 baseline measurement, such as the threat of new communicable diseases and the responsibility to implement mandated programs to protect against bioterrorism. The next assessment will likely reveal how these pressures have helped or undermined public health system performance.

Recommendations for 2005-07

1. Adopt and apply the revised administrative standards as part of the *Standards for Public Health in Washington State.*

   The *Standards for Public Health in Washington State* address five topic areas important to public health protection and health promotion. In addition, every agency must have basic administrative services in place in order to be effective and reliable. These basic capacities are an important part of performance—and should be measured.

2. Analyze the 2005 results of the system-wide measurement of the *Standards for Public Health in Washington State* in conjunction with program requirements to identify or reinforce priorities for system-wide improvements.

   Using the goal for the standards, "What every citizen has a right to expect," the Steering Committee will identify one or more focus areas to concentrate efforts for improvement. Data from the 2005 evaluation will help to identify an area for improvement. The selection process could involve voting across state and local agencies so that the focus area represents the most important areas needing system-wide response.

3. Identify and test methods to incorporate the use of the standards throughout the work of public health as described in the legislation that requires the PHIP and development of the standards (see Appendix 7).

   Performance and standards should be linked through careful restrictions. The resources needed to meet the standards are not available, and no agency should be penalized for that. Instead, the connection between funding and standards should focus on identifying gaps, outlining strategies for improvement, sharing best practices, participating fully in the measuring process, and timely reporting. Meeting the standards fully will require significantly greater resources.

4. Adopt a contract monitoring system that uses the standards as a framework.

   The emphasis should be on the whole public health system and its purpose, not simply individual programs. The monitoring system should reflect the mutual accountability of state and local government to ensure that public health services are provided.

   Performance measurement and quality improvement must be supported through changes to contract development, awarding, and monitoring; through funding and reporting requirements; and through training and recognition awards.